

SITE VISIT REPORT NOTES

- I. VISN 2, VA Healthcare Network, Upstate New York
- II. July 9 – 10, 2003
- III. Sites Visited During Trip
 - a. Batavia
 - b. Buffalo
- IV. Commissioners/Staff in Attendance
COMMISSIONERS: *JO ANN WEBB, RN, MHA*
AL ZAMBERLAN, FACHE
COMMISSION STAFF: *JEAN RENAHER*
- V. Overview of Visit to Batavia/Buffalo (Western New York Healthcare System)
 - a. Commissioner/Staff Impressions of Tour

The Commissioners and staff were impressed with the progressive management of the facilities. In Batavia in particular, management continues to work with the community to develop alternative uses for vacant space. However, all agreed that the enhanced use process as it currently exists is a barrier because of the time required to receive approvals. In addition, the enhanced use applications have been further delayed due to the CARES process. Batavia is a well-maintained facility in a park-like setting that also is home to one of three state veterans homes. Buffalo also is a well-maintained facility in an urban setting.
 - b. Summary of Meeting(s) with VISN Leadership
 - i. Names and titles of Attendees
James Cody, Medical Center Director, Syracuse
Dennis Heberling, Facilities Manager/CARES Coordinator,
Western New York Healthcare System
Daniel Ryan, Public Affairs Officer, Canandaigua
Andrew Pacyna, Administrative Resident, Syracuse
Karen Rodon, Health System Specialist
Gordon Bandelian, Geriatrics and Extended Care Program
Manager

ii. Meeting Forum

CARES Commissioners, CARES staff and facility and Network leadership walked through both the Batavia and the Buffalo facilities.

iii. Topics of Discussion

Topics not described below include the following:

- (a) Affiliations. It was unusual to find that the University of Buffalo has no hospital. Consequently, all of the University's clinical rotations and teaching is accomplished at its affiliates, principally at the Buffalo VA.
- (b) CARES Data. Staff expressed concern that the space and function drivers utilized in the CARES process do not consider space allocated to such functions as education and offices for Veteran Service Organizations.
- (c) Facility Maintenance and Repair. Staff indicated that the funds allocated to VA for maintenance and repair is not adequate to meet the needs of older facilities. This is further complicated by the conversion of maintenance and repair funds to operating funds in the face of budgetary shortfalls.

iv. What did we learn?

- (a) Inpatient care demand (medicine, surgery, psychiatry). The Network plan includes contracting for increased demand above the 2001 baseline. The need is relatively small, as projected (an increase of 11 medicine beds and 5 psychiatry beds in 2012, followed by projected decreases in total bed needs of 25 beds in 2022).
- (b) Outpatient care demand (primary care, specialty care, mental health). The Network plan includes contracting for increased demand above the 2001 baseline.
- (c) Access to primary care, acute hospital care, tertiary care. Access is good across the market (it is over 90% for all access categories).
- (d) Proximity (60-mile, 120-mile). There are no proximity issues in this market.
- (e) Small facility. Batavia's primary mission is long-term care. The Under Secretary for Health returned the Network's mini-market plan with instructions to evaluate a strategy to convert from a 24-hour-a-day operation to an eight-hour-a-day operation and to transfer workload to

Buffalo and/or Canandaigua. The Network's response was not clearly articulated during the site visit, other than to say that the Network remains committed to maintaining bed levels for special populations as required by regulation.

(f) Collaborations.

- a. National Cemetery Administration (NCA). The Network had been asked to consider placing a VA cemetery at the Batavia site. The NCA requires a minimum of 20 acres for a cemetery. There is no contiguous 20-acre space at the Batavia facility. The largest site is a 14-acre site immediately in front of the main building that is also adjacent to the state nursing home. Commissioners feel that this area is not acceptable as a cemetery site.
- b. State Veterans Home. One of three state veterans homes is located on the Batavia campus.
- c. Enhanced Use. Both Batavia and Buffalo have vacant space that could be used for other purposes. Among the projects the Network has attempted is a 42-unit transitional housing unit and a rehabilitation unit. However, facility and Network staff expressed frustration with the barriers to the enhanced use approval process, including regulatory impediments involving VA and other agencies and the time required to gain approval. A suggestion was made that an ombudsman be appointed to assist facilities in expediting enhanced use approvals. In the Western New York Health Care System, if all enhanced use plans had been approved, all but one ward would have been filled.

c. Summary of Stakeholder Meeting(s)

The only stakeholder meeting for this Network was conducted at Canandaigua.

Approved by: Commissioner Jo Ann Webb, RN, MHA
Commissioner Al Zamberlan, FACHE
July 30, 2003

Prepared by: Jean Renaker, CARES Commission Staff
July 29, 2003